

ype. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

**FORM HAZARDOUS
WASTE MANIFEST**

1. Generator ID Number

ILD0087164555

2. Page 1 of

3. Emergency Response Phone

1-800-483-3738

4. Manifest Tracking Number

006784496 FLE

5. Generator's Name and Mailing Address

First Hills Resources
501 Brunner Street
Peru, IL 61354

Generator's Site Address (if different than mailing address)

SAME

Generator's Phone:

(815) 224-5451

6. Transporter 1 Company Name

US Bulk Transport Inc

U.S. EPA ID Number

PAD987347515

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

EQ - Illinois
16435 South Center Avenue
Harvey, IL 60426

U.S. EPA ID Number

ILD000666206

Facility's Phone:

(708) 596-7040

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
x	1. RC NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD, CADMIUM), S. PG III (D006, D008)	1	DT	22	T	D006	D008	
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information

1. A134003EIL ERG111

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name

Michael C Schmidt

Signature

M Schmidt

Month Day Year

11 19 13

16. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Transporter signature (for exports only):

Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Al Vahlkamp

Signature

Al Vahlkamp

Month Day Year

11 19 13

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. H110	2.	3.	4.
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20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Shem Pack

Signature

Shem Pack

Month Day Year

11 19 13

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

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SC PTW 8/6/2013

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number

ILD0087154555

2. Page 1 of

1

3. Emergency Response Phone

(800) 483-3718

4. Manifest Tracking Number

006784497 FLE

5. Generator's Name and Mailing Address

Hint Hills Resources
501 Brunner Street
Peru, IL 61354

Generator's Site Address (if different than mailing address)

SAME

Generator's Phone: (815) 224-5451

6. Transporter 1 Company Name

US Bulk Transport Inc

U.S. EPA ID Number

PAD987347515

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

EQ Illinois
10435 South Center Avenue
Harvey, IL 60426

U.S. EPA ID Number

ILD000556206

Facility's Phone:

(708) 596-7040

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
x	1. RC, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (LEAD, CADMIUM), 9, PG III (D006, D008)	1	DT	22	T	D006	D008
	2.						
	3.						
	4.						

14. Special Handling Instructions and Additional Information

1. A134003ETL ERG#171

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name

Michael Schmidt

Signature

M. Schmidt

Month Day Year

11 19 13

16. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Transporter signature (for exports only):

Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Wendell Keiler

Signature

Wendell Keiler

Month Day Year

11 19 13

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. H110	2.	3.	4.
---------	----	----	----

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Shawn Thibe

Signature

Shawn Thibe

Month Day Year

11 19 13

or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD0087154555	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 006784498 FLE		
5. Generator's Name and Mailing Address First Resources 501 Brunner Street Peru, IL 61354 Generator's Phone: (815) 224-5451			Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name US Bulk Transport Inc			U.S. EPA ID Number PAD987347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address EQ - Illinois 15435 South Center Avenue Harvey, IL 60426 Facility's Phone: (708) 596-7040			U.S. EPA ID Number ILD000666206				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No. Type				
	1	RO. NA3077. HAZARDOUS WASTE. SOLID. N.O.S. (LEAD CADMIUM), 9, PG III (D006, D008)	1	DT	22	T	D006 D008
	2						
	3						
	4						
14. Special Handling Instructions and Additional Information 1. A124003EIL ERG#171							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Michael C Schmidt			Signature M. C. Schmidt		Month Day Year 11 19 13		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Wendell Kehler			Signature Wendell Kehler		Month Day Year 11 19 13	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator)			Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H110		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Edward F. Story			Signature Edward F. Story		Month Day Year 11 19 13		

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SC PPW 9/6/2013

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD0087154555	2. Page 1 of 1 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 006784499 FLE			
5. Generator's Name and Mailing Address Hunt Hills Resources 501 Brunner Street Peru, IL 61354			Generator's Site Address (if different than mailing address) SAME					
Generator's Phone: (815) 224-5451								
6. Transporter 1 Company Name US Bulk Transport Inc				U.S. EPA ID Number PAD987347515				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address EQ - Illinois 18436 South Center Avenue Harvey, IL 60426				U.S. EPA ID Number ILD000566206				
Facility's Phone: (708) 596-7040								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	1. PO. NA2077. HAZARDOUS WASTE. SOLID. N.O.S. (LEAD, CADMIUM); 9. PG III (D008, D009)		1	DT	22	T	D006	D008
	2.							
	3.							
4.								
14. Special Handling Instructions and Additional Information 1. A134003EIL ERG#171								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name Michael C Schmidt					Signature [Signature]		Month Day Year 11 13 13	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Al Vahlkamp					Signature [Signature]		Month Day Year 11 13 13	
Transporter 2 Printed/Typed Name					Signature		Month Day Year	
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
18b. Alternate Facility (or Generator)						U.S. EPA ID Number		
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H110		2.		3.		4.		
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name [Signature]					Signature [Signature]		Month Day Year	

DESIGNATED FACILITY TO GENERATOR

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SC PFW 8/6/2013

Form Approved. OMB No. 2050-0039

HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD087154555		2. Page 1 of 1	3. Emergency Response Phone (800)493-3718		4. Manifest Tracking Number 006784501 FLE		
Generator's Name and Mailing Address Flint Hills Resources 501 Brunner Street Peru, IL 61354 Generator's Phone: (815) 224-5451				Generator's Site Address (if different than mailing address) SAME					
6. Transporter 1 Company Name US Bulk Transport Inc				U.S. EPA ID Number PAD987347515					
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address EQ - Illinois 18435 South Center Avenue Harvey, IL 60426 Facility's Phone: (708) 596-7040				U.S. EPA ID Number ILD000665206					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. KO. NA3077. HAZARDOUS WASTE. SOLID. N.O.S. (LEAD, CADMIUM), 9, PG III (D006, D008)			1 DT		22	T	D006 D008
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1. A134003EIL ERG#171									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Officer's Printed/Typed Name Michael C Schmidt				Signature MPC		Month Day Year 11 20 13			
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Wendell Keller Signature Wendell Keller Month Day Year 11 20 13 Transporter 2 Printed/Typed Name Signature Month Day Year								
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number								
	18b. Alternate Facility (or Generator) Facility's Phone: _____ U.S. EPA ID Number								
	18c. Signature of Alternate Facility (or Generator) Month Day Year								
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H110 2. 3. 4.								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Sherry Pache Signature Sherry Pache Month Day Year 11 20 13									

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Manifest Tracking Number

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone:

9a. HM

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

13. Waste Codes

14. Special Handling Instructions and Additional Information

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name

Signature

Month

Day

Year

16. International Shipments

Import to U.S.

Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month

Day

Year

Transporter 2 Printed/Typed Name

Signature

Month

Day

Year

18. Discrepancy

18a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month

Day

Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.

2.

3.

4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Signature

Month

Day

Year

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

5C PPW 8/6/2013

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD087154555	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 006784503 FLE		
5. Generator's Name and Mailing Address Flint Hills Resources 501 Brunner Street Peru, IL 61354				Generator's Site Address (if different than mailing address) SAME			
Generator's Phone: (815) 224-6451				U.S. EPA ID Number PAD987347515			
6. Transporter 1 Company Name US Bulk Transport Inc				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address EQ - Illinois 16435 South Center Avenue Harvey, IL 60426				U.S. EPA ID Number ILD000666206			
Facility's Phone: (708) 596-7040							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
x	1. PO HA3077. HAZARDOUS WASTE. SOLID. N.O.S. LEAD. CADMIUM. 9. PG III (D006, D008)	1	DT	22	T	D006	D008
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. A134003EIL.A CPO#171							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Michael C Schmidt				Signature <i>[Signature]</i>		Month Day Year 11 20 13	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Al Val Kamp				Signature <i>[Signature]</i>		Month Day Year 11 20 13	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H110		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Stem Trade				Signature <i>[Signature]</i>		Month Day Year 11 21 13	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

SC PPW 8/6/2013

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's ID Number 11D087154555	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 006784505 FLE
5. Generator's Name and Mailing Address Pitt Hills Resources 501 Brunner Street Peru, IL 61354 Generator's Phone: (815) 224-5451			Generator's Site Address (if different than mailing address) SAME		
6. Transporter 1 Company Name US Bulk Transport Inc			U.S. EPA ID Number PA0987347515		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address EQ - Illinois 16435 South Center Avenue Harvey, IL 60426 Facility's Phone: (708) 596-7040			U.S. EPA ID Number 11D000866206		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. Unit Wt./Vol.
	x	1. KO. HA3077. HAZARDOUS WASTE, SOLID, H.O.S. (LEAD, CADMIUM), 9. PG II (0006, 0008)	1	DT	22 T
		2.			
		3.			
		4.			
13. Waste Codes 0006 0008					
14. Special Handling Instructions and Additional Information 1. A124002E11 EPC#171					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name Michael C Schmidt			Signature MPCSLT		Month Day Year 11 25 13
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____				
	Transporter signature (for exports only): _____ Date leaving U.S.: _____				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name XUENHUI KELLER			Signature XUENHUI KELLER	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature	
	18. Discrepancy			Month Day Year	
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
18b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. 14-110		2.		3.	
				4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name Cory Wenzel			Signature Cory Wenzel		Month Day Year 11 25 13



MANAGEMENT OF CHANGE FORM

(REFER TO PROCEDURE EHS-I-006 FOR EXPLANATION OF THIS FORM)

PROCESS UNIT/AREA: Utilities / Boiler House

MOC#: 153629

ORIGINATOR: L. Brockman / J. Cacciatori

DATE: 10/03/2013

SECTION A - TECHNICAL BASIS FOR PROPOSED CHANGE

Purpose and Technical Basis:	Route PEP filter backflush discharge piping to proper sanitary sewer branch. Process water required to flow through outfall 002.
Description: <i>Attach additional paper if necessary</i>	Dig trench and place new sewer pipe from PEP filter building west to alley, then north to manhole 3B. Saw cut floor in boiler house to divert existing floor trench drain away from broken sewer line under building. <i>Plug line under Boiler house</i>
Impact of change On Environmental Health / Safety:	Abandoning sewer line between MH 4B and MH 3B, under boiler house, will eliminate a source of contaminate infiltration into sanitary sewer system.

SECTION B - DOCUMENTATION - Attach appropriate documentation illustrating proposed changes

<input type="checkbox"/> Procedures	<input type="checkbox"/> Inspections, Testing, PM's	<input type="checkbox"/> Engineering DWGS	<input type="checkbox"/> PHA'S
<input type="checkbox"/> PSM Documentation	<input type="checkbox"/> CHEMGEMS Specifications	<input type="checkbox"/> P&ID's	<input type="checkbox"/> MI Applicability Checklist
<input type="checkbox"/> MSDS Information	<input type="checkbox"/> Energy Control Plans	<input type="checkbox"/> PFD's	
<input type="checkbox"/> Training/Communication	<input checked="" type="checkbox"/> Floor Plans	<input type="checkbox"/> LDAR	
<input type="checkbox"/> Quality Issues	<input type="checkbox"/> Mechanical Integrity DWGS	<input checked="" type="checkbox"/> Site/Plot Plan	
<input type="checkbox"/> Customer Impact	<input type="checkbox"/> Electrical Schematics	<input type="checkbox"/> Electrical Single Lines	
<input type="checkbox"/> Alarm Response Tables	<input type="checkbox"/> Loop DWGS	<input type="checkbox"/> Elect'l Classification	
<input type="checkbox"/> Other	<input type="checkbox"/> JSA's	<input type="checkbox"/> OJT's	

Affected Personnel Needing To Be Informed/Trained On Proposed Change

<input type="checkbox"/> Operations	<input type="checkbox"/> I/E Technicians	<input type="checkbox"/> Community
<input type="checkbox"/> Production Facilitators	<input type="checkbox"/> Engineering	<input type="checkbox"/> Regulatory Entities
<input type="checkbox"/> Mechanics/Welders	<input type="checkbox"/> Contractor(s)	<input type="checkbox"/> Corporate
<input type="checkbox"/> Electricians	<input type="checkbox"/> Office Personnel	<input type="checkbox"/> Other

SECTION C - Is Change Permanent?

<input checked="" type="checkbox"/>	YES	Proposed Project Start Date 10/07/2013
<input type="checkbox"/>	NO	Proposed Project Completion Date 11/30/2013

SECTION D - Is Change Temporary ?

<input type="checkbox"/>	YES	From:
<input checked="" type="checkbox"/>	NO	To:
Returned To Original Service: ____/____/____		
Area Manager/Designee Signature: _____		
Extended To: ____/____/____ *		
Plant Managers Approval: Plant Mgr./ Signature _____ Date _____		
*Note: Temporary MOCAs may be extended up to 6 months at a time		

SECTION E - Is Change Emergency ?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	NO
Start:	
Approval Received From:	
<input type="checkbox"/> Area Mgr./Designee	<input type="checkbox"/> Env. Mgr. /Designee
<input type="checkbox"/> Plant Mgr./Designee (if requested)	<input type="checkbox"/> Engineering/Maint. Mgr./Designee
<input type="checkbox"/> H&S Mgr/Designee	
Approval Received By:	
Signature _____	Date _____

SECTION F - DESIGN SAFETY REVIEW

PHA. Does the proposed change require a PHA? (i.e. What-if/Checklist, Hazop, Revalidation, Review) If yes indicate type of PHA in Action to be Taken section.

☐ YES

☒ NO

PSSR. Does the proposed change require a Pre-Start-up Safety Review (PSSR)? See EHS-I-067 for Requirements. Mandatory if change involves DCS Interface.

☐ YES

☒ NO

1. RELIEF AND BLOWDOWN

Does the Proposed Change:

YES

NO

1. Introduce or alter any potential cause of over/under pressurizing of the system? ☐ YES ☒ NO
2. In any way affect existing equipment installed to prevent over/under pressurization? ☐ YES ☒ NO
3. Introduce or alter any potential cause of raising/lowering the system temperature? ☐ YES ☒ NO
4. Introduce a risk of creating/reducing vacuum in the system? ☐ YES ☒ NO
5. Have any critical relief devices been identified for verification of proper rating and installation? ☐ YES ☒ NO

2. AREA CLASSIFICATION

Does the Proposed Change:

YES

NO

1. Introduce or alter the storage of flammable materials? ☐ YES ☒ NO
2. Introduce or alter the location of potential leaks of flammable materials? ☐ YES ☒ NO
3. Introduce new or alter existing electrical equipment? ☐ YES ☒ NO
4. Affect area ventilation? ☐ YES ☒ NO
5. Has the established building electrical classification been changed? ☐ YES ☒ NO

3. SAFETY CONSIDERATIONS

Does the Proposed Change:

YES

NO

1. Require any additional safety equipment or layers of protection? ☐ YES ☒ NO
2. Alter or affect existing safety equipment or means of egress? ☐ YES ☒ NO
3. Require changes to the function or independence of existing equipment or layers of protection? ☐ YES ☒ NO
4. Alter or affect critical safety instrumented functions (SIF's)? ☐ YES ☒ NO
5. Alter the noise level in the surrounding area? ☐ YES ☒ NO
6. Increase the potential for exposure to any chemicals? ☐ YES ☒ NO
7. Introduce a new or previously unused chemical/raw material? ☐ YES ☒ NO
8. Affect de-energization? (able to lock-out, drain materials) ☐ YES ☒ NO
9. Create any ergonomic concerns? ☐ YES ☒ NO
10. Affect the Battery Limit Valves (BLV)? ☐ YES ☒ NO
11. Affect the overall security of the facility? ☐ YES ☒ NO
12. Does this increase the risk of potential impact to plant personnel (employees and contractors)? ☐ YES ☒ NO
13. Does the proposed change affect facility siting relative to both people and equipment in any of the following situations: temporary changes, before startup after a permanent change, or before startup after temporary change has been removed/closed/returned to original condition? ☐ YES ☒ NO
14. If the proposed change affects replacement or demolition of piping or conduit, will the entire run be identified and clearly marked prior to work, to ensure safe work activity? ☐ YES ☒ NO
15. Affect the safe transport of hazardous material? For ex., introducing a new hazardous material for transport or changing the method of transportation of the hazardous material. ☐ YES ☒ NO

4. ENVIRONMENTAL AND QUALITY CONSIDERATIONS

Does the Proposed Change:

YES

NO

1. Alter the composition or amount of a process water? ☐ YES ☒ NO
2. Increase the emissions of any regulated pollutant? ☐ YES ☒ NO
3. Require a new or modified operating/construction permit? ☐ YES ☒ NO
4. Affect the control of the process? ☐ YES ☒ NO
5. Affect the composition or physical properties of the final product? ☐ YES ☒ NO
6. Impact any Pentane/Styrene components in the Leak Detection and Repair (LDAR) Program? ☐ YES ☒ NO
7. Increase risk of off-site residential & environmental receptors? ☐ YES ☒ NO
8. Introduce new materials/chemicals to the site? ☐ YES ☒ NO
9. Does an evaluation of chemical compatibility need to be conducted? ☐ YES ☒ NO
10. Involve decommissioning/demolition of equipment or structures? ☐ YES ☒ NO
11. If answered YES to question 10, do NESHAP or decontamination requirements apply? ** ☐ YES ☒ NO
12. Will this change require portable engines to be brought on to FHR property? ☐ YES ☒ NO

** Consult with Environmental Engineer for completion of this question.

SECTION F - DESIGN SAFETY REVIEW -- cont.

5. OPERATION AND DESIGN

Does the Proposed Change:	YES	NO
1. Affect the process or equipment upstream/downstream of the change?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Affect access to process or equipment/controls for personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Introduce any new or affect existing interlocks or alarms systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Affect manpower or qualified personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Affect the loads/strengths of existing foundations, structures, vessels, or pipe racks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Impact requirements of existing or proposed piping supports? <i>(Needs to be adequately designed for expected stresses due to pressure and thermal loadings.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Alter the DCS/Software logic of process operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Affect process chemistry? (reactivity/compatibility)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Affect maximum intended inventory, that would require updating maximum inventory tables?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Affect safe upper/lower limits for such items as temperature, process flows or compositions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Affect material/energy balances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Affect plant utility resources? (i.e. steam, water, electricity, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Affect equipment with heat-up/cool-down cycling requiring bolt retightening after start-up?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Is an exception/revision to design codes or standards (CHEM-GEMS, etc.) required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION G - AFFECTS ON PROCEDURES, TRAINING, AND DOCUMENTATION

Will the Proposed Change:	YES	NO
1. Introduce new or impact existing operational procedures? *	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Introduce new or impact existing maintenance procedures? *	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Add or Remove equipment/instrumentation? <i>(Contact ETA to assign Equipment/Instrumentation Location Numbers. If equipment/instrumentation is being added, MI Applicability Checklist MNT-F-161 shall be completed by MOC originator, and approval form(s) sent to the MI coordinator.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Revise equipment preventative maintenance/ inspections, job plans, and/or frequencies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Require additional training for operational or maintenance personnel? <i>(requires completion of Learning and Development Job Aid addendum A)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Require additional notification for operational or maintenance personnel?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>15</i>
7. Require updating controlled drawings? * <i>(PFD'S, LDAR, P&ID's, Floor Plans, Electrical Single Lines, Loop Drawings/Electrical Schematics, MCC arrangement, MI Iso Drawings)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Require updating equipment files? <i>(Engineering, Maintenance, Manufacturers Inspect/Test results)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Require a spare parts list and inventory to be developed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Require major project spare equipment to be turned over to maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Require equipment labeling in the field?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Require updating of Alarm Response Tables? *	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Require a new/modification of existing energy control plans? *	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Cause any PSM/RMP applicability issues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Cause a change in PSM/RMP program level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Will this change have any effect on the overall plant facility siting issues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Increase or decrease the impact contour for worst-case scenario by a factor of two or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Will this MOC supersede /interfere with any other Temporary/Emergency/Permanent MOC's?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Is there a need to update the EPS-I-004, Chemical Compatibility Matrix?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Is a Layer of Protection Analysis (LOPA) study required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Will this affect the Interlock Matrix?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Require updating of electrical energy consumption spreadsheet? Update required for any MCC, CB panel or bus bar connection additions or alterations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Will this change impact Proprietary Technology including product, process, equipment, technical data, or other trade secret information licensed to FHR by third parties? If yes, contact the Proprietary Technology Coordinator.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* NOTE: Refer to Engineering Equipment Location Database for a list of affected documents, sorted by Location Number.

List the action(s) to be taken to resolve any issues identified in 'Section F' and 'Section G'

FHRPRU002057

MOC APPROVAL FORM

Originator:

L. Brockman

MOC No.

153629

MOC Packet Completeness Verification Review

Title/Position	Verification Review Signatures	Date
Drafting Tech, or Designee	<i>[Signature]</i>	10-3-13
MI Coordinator, or Designee	<i>[Signature]</i>	10-3-13
Maintenance Tech from appropriate area	<i>[Signature]</i>	10-3-13
Operator from affected area	<i>[Signature]</i>	10-3-13
Area Training Contact, or Designee	<i>[Signature]</i>	10/4/13

Signatures required Prior To Implementation of MOC.

Title/Position	Authorizing Signatures	Date
Area Manager, or Designee (Operations Representative Assignee: _____)	<i>[Signature]</i>	10/4/13
Engineering /Maintenance Manager or Designee (Electrical Engineering Review: _____)	<i>[Signature]</i>	10/3/13
Health and Safety Manager or Designee (PSM Coordinator Review _____)	<i>[Signature]</i>	10/4/13
Operations Manager or Designee	<i>[Signature]</i>	10/4/13
Environment Manager or Designee	<i>[Signature]</i>	10/3/2013

Plant Managers Review

(as requested by any of the Authorizing signers)

Title/Position	Review Signature	Date
Plant Manager or Designee		

VERIFICATION OF MOC CLOSURE

By signing below:

- The Originator of this MOC confirms that all action items have been completed & that equipment/documentation in this change is set to start up.
- The Engineering/Maintenance Manager has completed and attached the MOC - Closure Checklist.

MOC closure requires the Originators Signature, and that of the Engineering/Maintenance Manager

MOC Originator:

Date: _____

Engineering/ Maintenance Manager:

Date: _____

MANAGEMENT OF CHANGE - CLOSURE CHECKLIST

This Form **MUST BE** completed by the Engineering/Maintenance Manager, and attached to MOC
Prior to MOC Being Closed By ETA

Originator: Luke Brockman

MOC No. 153629

1. What Type of Management of Change?

<input type="checkbox"/>	Permanent MOC
<input type="checkbox"/>	Emergency MOC
Returned to Original Service?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	Temporary MOC
Returned to Original Service?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

2. PHA. completed. (HAZOP, Safety Review, Independent Review)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

3. Documentation included in file or referenced, which verifies affected change has been communicated to all effected parties?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

4. Documentation illustrating changes included in MOC package? (marked-up drawings, etc.)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

5. Referenced Drawings Updated?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

6. All applicable documentation has been updated to reflect changes?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

7. All training has been completed.

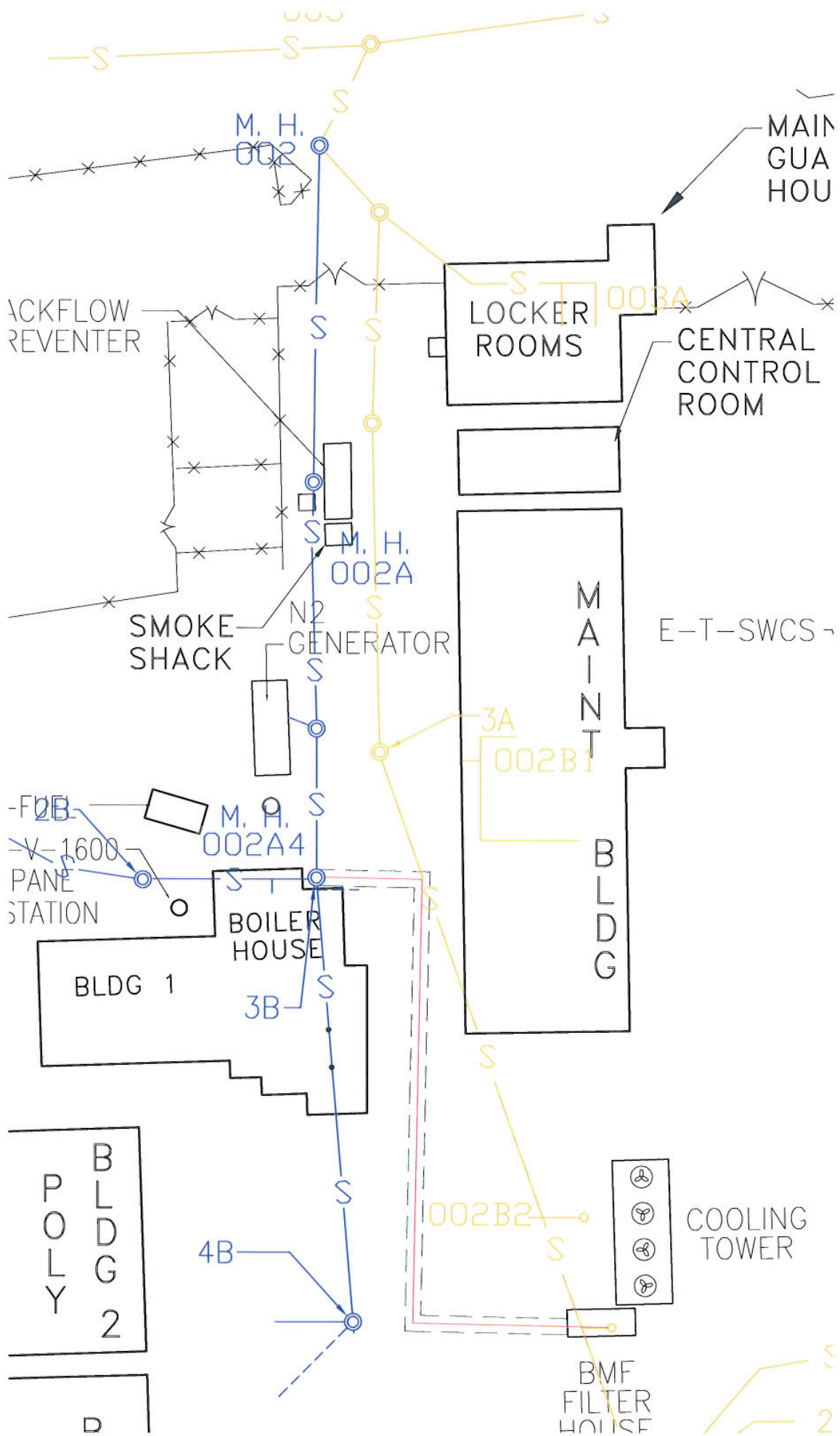
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

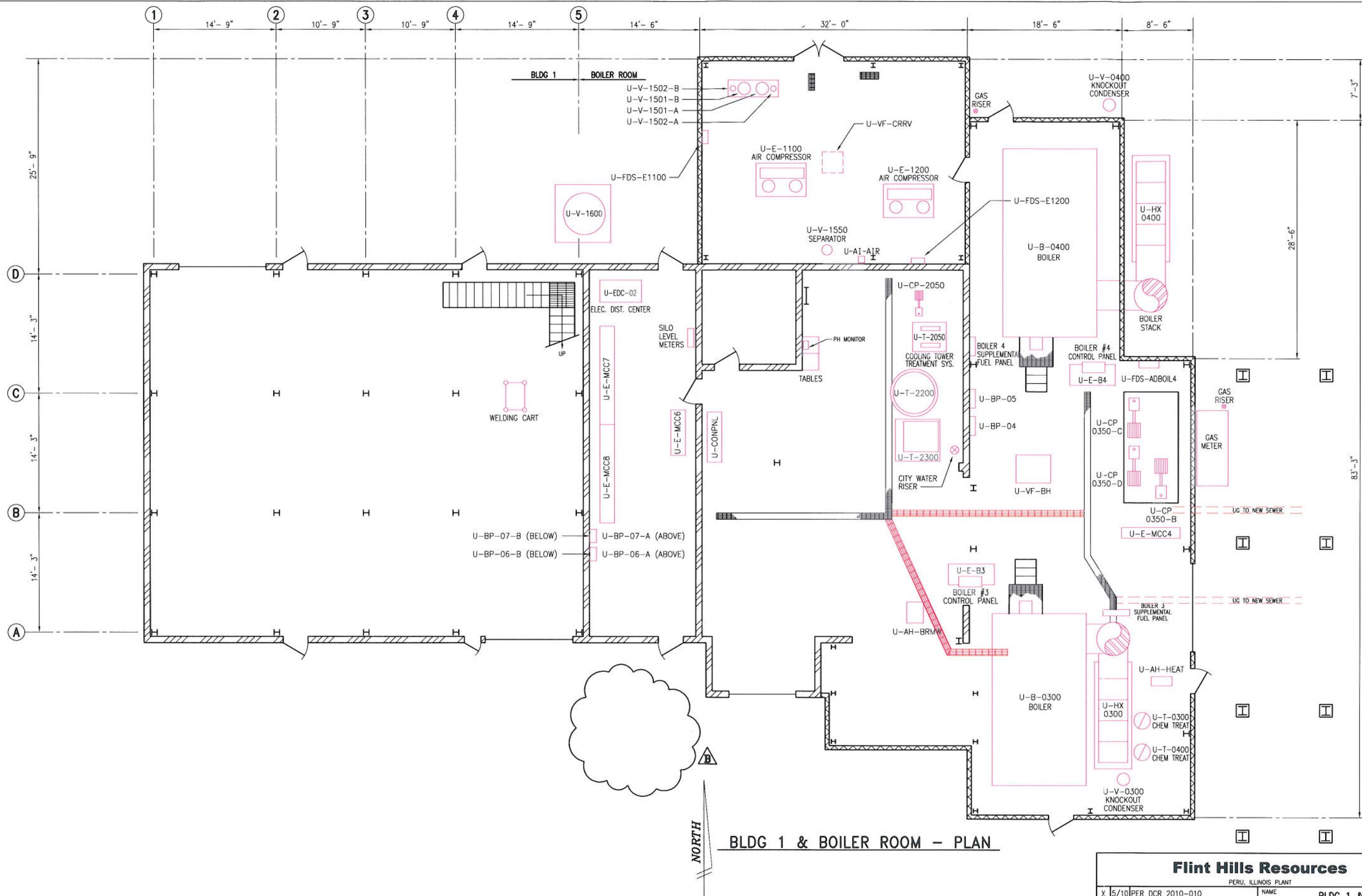
'Management of Change' Audited By:

Title: _____

Signature: _____

Date: _____





BLDG 1 & BOILER ROOM - PLAN

Flint Hills Resources			
PERU, ILLINOIS PLANT			
X 5/10 PER DCR 2010-010	NAME	BLDG 1 & BOILER ROOM	
B 12/11 PER MOC 11064		1st FLOOR PLAN	
A 1/10 EPR DCR 2010-048	DRAWN BY: TJB	CONTROLLED: YES	
Z 1/10 PER DCR 2010-046	DATE: 4/45/96		
Y 6/10 PER MOC 10012	SCALE: 3/16"=1'-0"	PLOT SCALE: 1=64	
REV DATE DESCRIPTION	VERSION: B	SHT#	REV#
THE INFORMATION, DATA, AND DESIGNS SHOWN HEREON ARE THE CONFIDENTIAL PROPERTY OF FLINT HILLS RESOURCES, LP. NO USE OR DISCLOSURE MAY BE MADE WITHOUT SPECIFIC WRITTEN AUTHORIZATION OF FLINT HILLS RESOURCES, LP.		U1A001	1 B



Thursday, October 31, 2013

Michael Schmidt
Flint Hills Resources
501 Brunner Street
Peru, IL 61354
TEL: (815) 224-5451
FAX: NA

RE: Waste Pile Analysis Peru, IL

PAS WO: 13J0481

Prairie Analytical Systems, Inc. received 14 sample(s) on 10/22/2013 for the analyses presented in the following report.

All applicable quality control procedures met method specific acceptance criteria unless otherwise noted.

This report shall not be reproduced, except in full, without the prior written consent of Prairie Analytical Systems, Inc.

If you have any questions, please feel free to contact me at (217) 753-1148.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael D. Brophy".

Michael D. Brophy
Project Manager

Certifications: NELAP/NELAC - IL #100323

1210 Capital Airport Drive	*	Springfield, IL 62707	*	1.217.753.1148	*	1.217.753.1152 Fax
9114 Virginia Road Suite #112	*	Lake in the Hills, IL 60156	*	1.847.651.2604	*	1.847.458.0538 Fax

LABORATORY RESULTS

Client: Flint Hills Resources
 Project: Waste Pile Analysis Peru, IL
 Client Sample ID: 1
 Collection Date: 10/22/13 12:05

Lab Order: 13J0481
 Lab ID: 13J0481-01
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
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TCPL Metals by ICP-MS

*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 12:47	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 12:47	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 12:47	SW 6020A	JTC

TCPL Metals by ICP

*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 20:31	SW 6010B	JHN
*Barium	0.692	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:31	SW 6010B	JHN
*Cadmium	0.533	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:31	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:31	SW 6010B	JHN
*Lead	59.0	0.500		mg/L	100	10/24/13 10:22	10/26/13 11:16	SW 6010B	JHN

Client Sample ID: 2
 Collection Date: 10/22/13 12:10

Lab ID: 13J0481-02
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
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TCPL Metals by ICP-MS

*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 18:55	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 18:55	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 18:55	SW 6020A	JTC

TCPL Metals by ICP

*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 20:36	SW 6010B	JHN
*Barium	0.305	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:36	SW 6010B	JHN
*Cadmium	0.0234	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:36	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:36	SW 6010B	JHN
*Lead	0.0147	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:36	SW 6010B	JHN

Client Sample ID: 3
 Collection Date: 10/22/13 12:12

Lab ID: 13J0481-03
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
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TCPL Metals by ICP-MS

*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 19:03	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:03	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:03	SW 6020A	JTC

TCPL Metals by ICP

*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 20:41	SW 6010B	JHN
*Barium	0.669	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:41	SW 6010B	JHN
*Cadmium	2.81	0.0500		mg/L	10	10/24/13 10:22	10/26/13 11:26	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:41	SW 6010B	JHN
*Lead	41.8	0.500		mg/L	100	10/24/13 10:22	10/26/13 11:21	SW 6010B	JHN

LABORATORY RESULTS

Client: Flint Hills Resources
 Project: Waste Pile Analysis Peru, IL
 Client Sample ID: 4
 Collection Date: 10/22/13 12:15

Lab Order: 13J0481
 Lab ID: 13J0481-04
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 19:11	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:11	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:11	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 20:46	SW 6010B	JHN
*Barium	0.307	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:46	SW 6010B	JHN
*Cadmium	0.816	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:46	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:46	SW 6010B	JHN
*Lead	64.2	0.500		mg/L	100	10/24/13 10:22	10/26/13 11:31	SW 6010B	JHN

Client Sample ID: 5
 Collection Date: 10/22/13 12:19

Lab ID: 13J0481-05
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 19:19	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:19	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:19	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 20:51	SW 6010B	JHN
*Barium	0.250	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:51	SW 6010B	JHN
*Cadmium	0.583	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:51	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:51	SW 6010B	JHN
*Lead	123	5.00		mg/L	1000	10/24/13 10:22	10/26/13 11:36	SW 6010B	JHN

Client Sample ID: 6
 Collection Date: 10/22/13 12:23

Lab ID: 13J0481-06
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 19:27	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:27	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:27	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 20:56	SW 6010B	JHN
*Barium	0.358	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:56	SW 6010B	JHN
*Cadmium	0.310	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:56	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 20:56	SW 6010B	JHN
*Lead	6.90	0.0500		mg/L	10	10/24/13 10:22	10/26/13 11:41	SW 6010B	JHN

LABORATORY RESULTS

Client: Flint Hills Resources
 Project: Waste Pile Analysis Peru, IL
 Client Sample ID: 7
 Collection Date: 10/22/13 12:28

Lab Order: 13J0481
 Lab ID: 13J0481-07
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 19:35	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:35	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 19:35	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:01	SW 6010B	JHN
*Barium	0.275	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:01	SW 6010B	JHN
*Cadmium	0.154	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:01	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:01	SW 6010B	JHN
*Lead	0.125	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:01	SW 6010B	JHN

Client Sample ID: 8
 Collection Date: 10/22/13 12:32

Lab ID: 13J0481-08
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:07	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:07	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:07	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:21	SW 6010B	JHN
*Barium	0.266	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:21	SW 6010B	JHN
*Cadmium	1.10	0.0500		mg/L	10	10/24/13 10:22	10/26/13 11:51	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:21	SW 6010B	JHN
*Lead	100	1.00		mg/L	200	10/24/13 10:22	10/26/13 12:49	SW 6010B	JHN

Client Sample ID: 9
 Collection Date: 10/22/13 12:38

Lab ID: 13J0481-09
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:15	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:15	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:15	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:26	SW 6010B	JHN
*Barium	0.352	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:26	SW 6010B	JHN
*Cadmium	0.430	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:26	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:26	SW 6010B	JHN
*Lead	31.0	0.500		mg/L	100	10/24/13 10:22	10/26/13 11:56	SW 6010B	JHN

LABORATORY RESULTS

Client: Flint Hills Resources
 Project: Waste Pile Analysis Peru, IL
 Client Sample ID: 10
 Collection Date: 10/22/13 12:45

Lab Order: 13J0481
 Lab ID: 13J0481-10
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCPL Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:23	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:23	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:23	SW 6020A	JTC
TCPL Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:31	SW 6010B	JHN
*Barium	0.299	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:31	SW 6010B	JHN
*Cadmium	0.0980	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:31	SW 6010B	JHN
*Chromium	0.00509	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:31	SW 6010B	JHN
*Lead	0.134	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:31	SW 6010B	JHN

Client Sample ID: 11
 Collection Date: 10/22/13 12:50

Lab ID: 13J0481-11
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCPL Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:31	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:31	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:31	SW 6020A	JTC
TCPL Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:36	SW 6010B	JHN
*Barium	0.233	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:36	SW 6010B	JHN
*Cadmium	0.433	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:36	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:36	SW 6010B	JHN
*Lead	50.6	0.500		mg/L	100	10/24/13 10:22	10/26/13 12:01	SW 6010B	JHN

Client Sample ID: 12
 Collection Date: 10/22/13 12:55

Lab ID: 13J0481-12
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCPL Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:39	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:39	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:39	SW 6020A	JTC
TCPL Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:41	SW 6010B	JHN
*Barium	0.364	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:41	SW 6010B	JHN
*Cadmium	0.503	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:41	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:41	SW 6010B	JHN
*Lead	24.5	0.500		mg/L	100	10/24/13 10:22	10/26/13 12:21	SW 6010B	JHN

LABORATORY RESULTS

Client: Flint Hills Resources
 Project: Waste Pile Analysis Peru, IL
 Client Sample ID: 13
 Collection Date: 10/22/13 13:00

Lab Order: 13J0481
 Lab ID: 13J0481-13
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:47	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:47	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:47	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:46	SW 6010B	JHN
*Barium	0.460	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:46	SW 6010B	JHN
*Cadmium	0.197	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:46	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:46	SW 6010B	JHN
*Lead	5.62	0.0500		mg/L	10	10/24/13 10:22	10/26/13 12:26	SW 6010B	JHN

Client Sample ID: 14
 Collection Date: 10/22/13 13:04

Lab ID: 13J0481-14
 Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	10/24/13 10:22	10/25/13 20:55	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:55	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	10/24/13 10:22	10/25/13 20:55	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	10/24/13 10:22	10/25/13 21:51	SW 6010B	JHN
*Barium	0.213	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:51	SW 6010B	JHN
*Cadmium	0.201	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:51	SW 6010B	JHN
*Chromium	U	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:51	SW 6010B	JHN
*Lead	0.864	0.00500		mg/L	1	10/24/13 10:22	10/25/13 21:51	SW 6010B	JHN

LABORATORY RESULTS

Client: Flint Hills Resources
Project: Waste Pile Analysis Peru, IL

Lab Order: 13J0481

Notes and Definitions

S Spike recovery outside acceptance limits.
E Result above quantitation range.
* NELAC certified compound.
U Analyte not detected (i.e. less than RL or MDL).

Chain of Custody Record

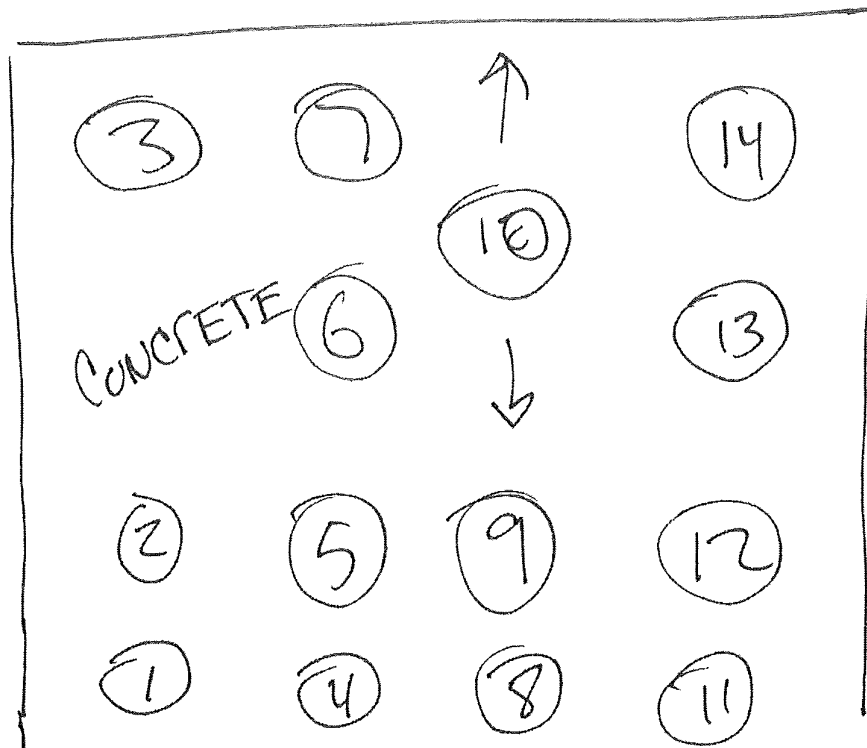
Central IL - 1210 Capital Airport Drive - Springfield, IL 62707-8490 - Phone (217) 753-1148 - Facsimile (217) 753-1152
 Chicago IL Office - 9114 Virginia Rd., Ste 112 - Lake in the Hills, IL 60156 - Phone (847) 651-2604 - Facsimile (847) 458-9680
 Central/Southern IL Office - Phone (217) 414-7762 - Facsimile (217) 223-7922



Client Flint Hills Resources		Analysis and/or Method Requested										Reporting										
Address 501 Brunner												TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TCLP 8202A-10015	TACO	<input type="checkbox"/> Resid
City, State, Zip Code Peru, IL 61354																					CALM	<input type="checkbox"/> A <input type="checkbox"/> D
Phone / Facsimile 815-224-5451																					<input type="checkbox"/> B <input type="checkbox"/> E	
Project Name / Number Waste Pile Analysis																					<input type="checkbox"/> C <input type="checkbox"/> F	
Project Location Peru, IL																					RISC	<input type="checkbox"/> Resid
P.O. # or Invoice To																					<input type="checkbox"/> Indust	
Contact Person M. Schmidt		Sampler Comments																				
Sample Description	Sampling		Matrix Code	Preserv Code	No. of Containers	Sample Type																
	Date	Time				Comp	Grab															
1	10/22/13	12:05	S	0	1	✓		✓														
2		12:10	S	0	1	✓		✓														
3		12:12	S	0	1	✓		✓														
4		12:15	S	0	1	✓		✓														
5		12:19	S	0	1	✓		✓														
6		12:23	S	0	1	✓		✓														
7		12:28	S	0	1	✓		✓														
8		12:32	S	0	1	✓		✓														
9		12:38	S	0	1	✓		✓														
10		12:45	S	0	1	✓		✓														
11		12:50	S	0	1	✓		✓														
12		12:55	S	0	1	✓		✓														
Matrix Code		A - Aqueous		DW - Drinking Water		GW - Ground Water		NA - Non-Aqueous Liquid		S - Solid		O - Oil		X - Other (Specify)								
Preserv Code		0 - None		1 - HCl		2 - H2SO4		3 - HNO3		4 - NaOH		5 - 5035 Kit		X - Other (Specify)								
Relinquished By		Date		Time		Received By		Date		Time		Method of Shipment										
<i>[Signature]</i>		10/22/13		4:55		PAS		10/22/13		4:55		H42ND										
Special Instructions																						
Turnaround Time: Standard <input checked="" type="checkbox"/> Rush <input type="checkbox"/>								QC Level		On wet ice?		Temperature (°C)										
Date Required:								1 2 3 4		Yes No		20°C										

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Central/Southern IL Office - Phone (217) 414-7762 - Facsimile (217) 223-7922

[illegible]



Flint Hills
WASTEPILE Field
Wates 10/22

2585.20



Tuesday, November 12, 2013

Michael Schmidt
Flint Hills Resources
501 Brunner Street
Peru, IL 61354

TEL: (815) 224-5451

FAX: NA

RE: 27833

Sediment + soil collected from ~~site~~ Pipe (Cadmium Project)

PAS WO: 13K0081

Prairie Analytical Systems, Inc. received 1 sample(s) on 11/5/2013 for the analyses presented in the following report.

All applicable quality control procedures met method specific acceptance criteria unless otherwise noted.

This report shall not be reproduced, except in full, without the prior written consent of Prairie Analytical Systems, Inc.

If you have any questions, please feel free to contact me at (217) 753-1148.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael D. Brophy".

Michael D. Brophy
Project Manager

Certifications:

NELAP/NELAC - IL #100323

1210 Capital Airport Drive
9114 Virginia Road Suite #112

*

Springfield, IL 62707
Lake in the Hills, IL 60156

*

1.217.753.1148
1.847.651.2604

*

1.217.753.1152 Fax
1.847.458.0538 Fax

*

Prairie Analytical Systems, Inc.

Date: 11/12/2013

LABORATORY RESULTS

Client: Flint Hills Resources
Project: 27833
Client Sample ID: 27833
Collection Date: 11/5/13 12:20

Lab Order: 13K0081
Lab ID: 13K0081-01
Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Arsenic	U	0.250		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Barium	U	0.500		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Cadmium	U	0.100		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Chromium	U	0.250		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Lead	U	0.250		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Mercury	U	0.0100		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Selenium	U	0.250		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC
*Silver	U	0.250		mg/L	50	11/12/13 9:03	11/12/13 13:51	SW 6020A	JTC

Prairie Analytical Systems, Inc.

Date: 11/12/2013

LABORATORY RESULTS

Client: Flint Hills Resources
Project: 27833

Lab Order: 13K0081

Notes and Definitions

P1 Pass
* NELAC certified compound.
U Analyte not detected (i.e. less than RL or MDL).

Chain of Custody Record

Central IL - 1210 Capital Airport Drive - Springfield, IL 62707-8490 - Phone (217) 753-1148 - Facsimile (217) 753-1152
 Chicago IL Office - 8114 Virginia Rd., Ste 112 - Lake in the Hills, IL 60153 - Phone (847) 651-2604 - Facsimile (847) 458-8520
 Central/Southern IL Office - Phone (217) 414-7762 - Facsimile (217) 223-7922



Flint Hills Res. 501 Brunner St. Peru, IL 61354 815-224-5451 FH Peru M. Schmidt		TEL 815 224 5451		<input type="checkbox"/> Resid <input type="checkbox"/> Ind/Comm <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> Resid <input type="checkbox"/> Indust																															
27833	11/5/13	12:20	S	O	I	X	X																												
<table border="1"> <tr> <td>Matrix Code</td> <td>A - Aqueous</td> <td>DW - Drinking Water</td> <td>GW - Ground Water</td> <td>NA - Non-Aqueous Liquid</td> <td>S - Solid</td> <td>O - Oil</td> <td>X - Other (Specify)</td> </tr> <tr> <td>Preserv Code</td> <td>0 - None</td> <td>1 - HCl</td> <td>2 - H2SO4</td> <td>3 - HNO3</td> <td>4 - NaOH</td> <td>5 - 5035 Kit</td> <td>X - Other (Specify)</td> </tr> </table>																				Matrix Code	A - Aqueous	DW - Drinking Water	GW - Ground Water	NA - Non-Aqueous Liquid	S - Solid	O - Oil	X - Other (Specify)	Preserv Code	0 - None	1 - HCl	2 - H2SO4	3 - HNO3	4 - NaOH	5 - 5035 Kit	X - Other (Specify)
Matrix Code	A - Aqueous	DW - Drinking Water	GW - Ground Water	NA - Non-Aqueous Liquid	S - Solid	O - Oil	X - Other (Specify)																												
Preserv Code	0 - None	1 - HCl	2 - H2SO4	3 - HNO3	4 - NaOH	5 - 5035 Kit	X - Other (Specify)																												
[Signature] 11/5/13 4:20 PAS		11/5/13 4:20 HAND																																	
Special Instructions:										Turnaround Time: Standard <input checked="" type="checkbox"/> Rush <input type="checkbox"/> Date Required:																									
QC Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>										On wet ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
Temperature (°C) 4.3°C																																			

Page : 00002

Validated

ILLINOIS Environmental Protection Agency
2013 Hazardous Waste Report
Form GM -- Generation and Management

US EPA ID : ILD087154555 IL EPA ID : 0990850005

SECTION 1. WASTE DESCRIPTION

A. Waste Description: CONTAMINATED SOILS

B. EPA Hazardous Waste Code(s) : D006 D008

C. Source Code : G31 D. Form Code : W301 Management Method :

E. Waste Minimization Code: X

SECTION 2. QUANTITY GENERATED:

A. UOM : 3. Pounds (lbs) Density : 9.00 lb/gal .

B. Quantity Generated in Current Reporting Year : 2,290,458.0

SECTION 3: QUANTITY MANAGED ON-SITE:

Did this location manage some or all of this waste in RCRA or UIC regulated treatment, recycling, or disposal units at this location? (DO NOT include RCRA exempt processes.) N

On-Site System1 Management Method : Quantity managed on-site this year : 0.0

On-Site System2 Management Method : Quantity managed on-site this year : 0.0

SECTION 4. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y

SITE 1.

B. U.S. EPA ID No. of facility waste was shipped to : ILD000666206

C. Management method shipped to : H132

D. Total quantity shipped in this reporting year : 2,290,458.0

SITE 2.

B. U.S. EPA ID No. of facility waste was shipped to :

C. Management method shipped to :

D. Total quantity shipped in this reporting year : 0.0

SITE 3.

B. U.S. EPA ID No. of facility waste was shipped to :

C. Management method shipped to :

D. Total quantity shipped in this reporting year : 0.0

SITE 4.

B. U.S. EPA ID No. of facility waste was shipped to :

C. Management method shipped to :

D. Total quantity shipped in this reporting year : 0.0

SITE 5.

B. U.S. EPA ID No. of facility waste was shipped to :

C. Management method shipped to :

D. Total quantity shipped in this reporting year : 0.0

COMMENTS : N